

Lansing Police Department

VOLUNTEER APPLICATION



I (Print Name), authorize the Lansing Police Department to complete a local, state and federal criminal background check on myself. I understand that, upon the result of this criminal background check, I may not be accepted as a volunteer with the Lansing Police Department. I also understand that I can be dismissed as a volunteer if, at any time, I am convicted of or violate any criminal statute during my tenure as a Lansing Police Department Volunteer.			
I have read and understand the al	oove statements.		
Signature		Date	
		(Middle)	
Any other names you have used: Date of Birth: Home Address:		Sex: Male	Female
City:	State: Cell: ()	Zip Co 	ode:
Please check the box next to	the program y	ou are applying for	 ':
C.A.R.E.	icap Patrol	☐ Victim Advocate	
Precinct Volunteer Below Area Is For Official Use On	River Trail P	atrol School W	/atch
System(s) Searched: RMS OFFENDER TRACK ICHAT LEIN SO			
Results: NO RECORD located For Four Property of the Property o	RECORD LOCATED, se	ee attached	